



Department of Health

Make New York the Healthiest State

New York State Prevention Agenda



September 23, 2015

New York Prevention Agenda Update

Updates

- Status of Prevention Agenda Goals and Objectives
- Health Disparities Activities in Support of Prevention Agenda
- Linking Prevention Agenda with DSRIP

Opportunity to provide Feedback on Process Thus Far and Next Steps

- Intentional discussion about actions taken and what has gone well and not so well, and make improvements as needed.



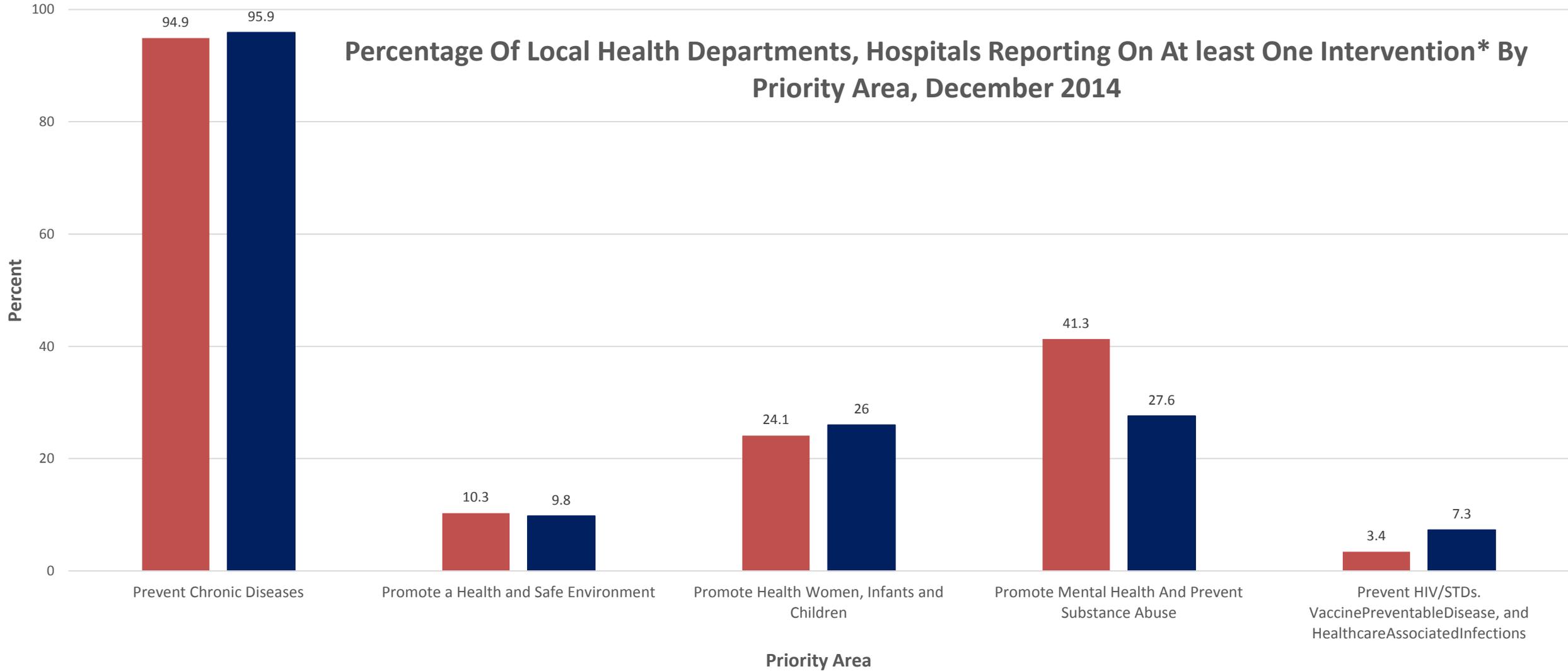
Prevention Agenda 2013-2017

- Goal is improved health status of New Yorkers and reduction in health disparities through increased emphasis on prevention
- Call to action to broad range of stakeholders to collaborate at the community level to assess local health status and needs; identify local health priorities; and plan, implement and evaluate strategies for local health improvement
- Incorporated into NYS Health Care Reform efforts including DSRIP and SIM and PHIPs

Lessons Learned, Years One and Two

- LHDs and Hospitals are on track with implementation
- LHDs and hospitals are implementing a mix of evidence-based and “other” interventions and strategies
- Identifying and using measures to track process is challenging
- Collaboration in communities is strong, but some partners remain less involved, including health insurance plans, faith based organizations, schools, business and media.
- Health Disparities need attention.
- LHDs, hospitals and their partners taking advantage of many TA sessions sponsored by NYSDOH, NYAM, Hospital Associations, etc.

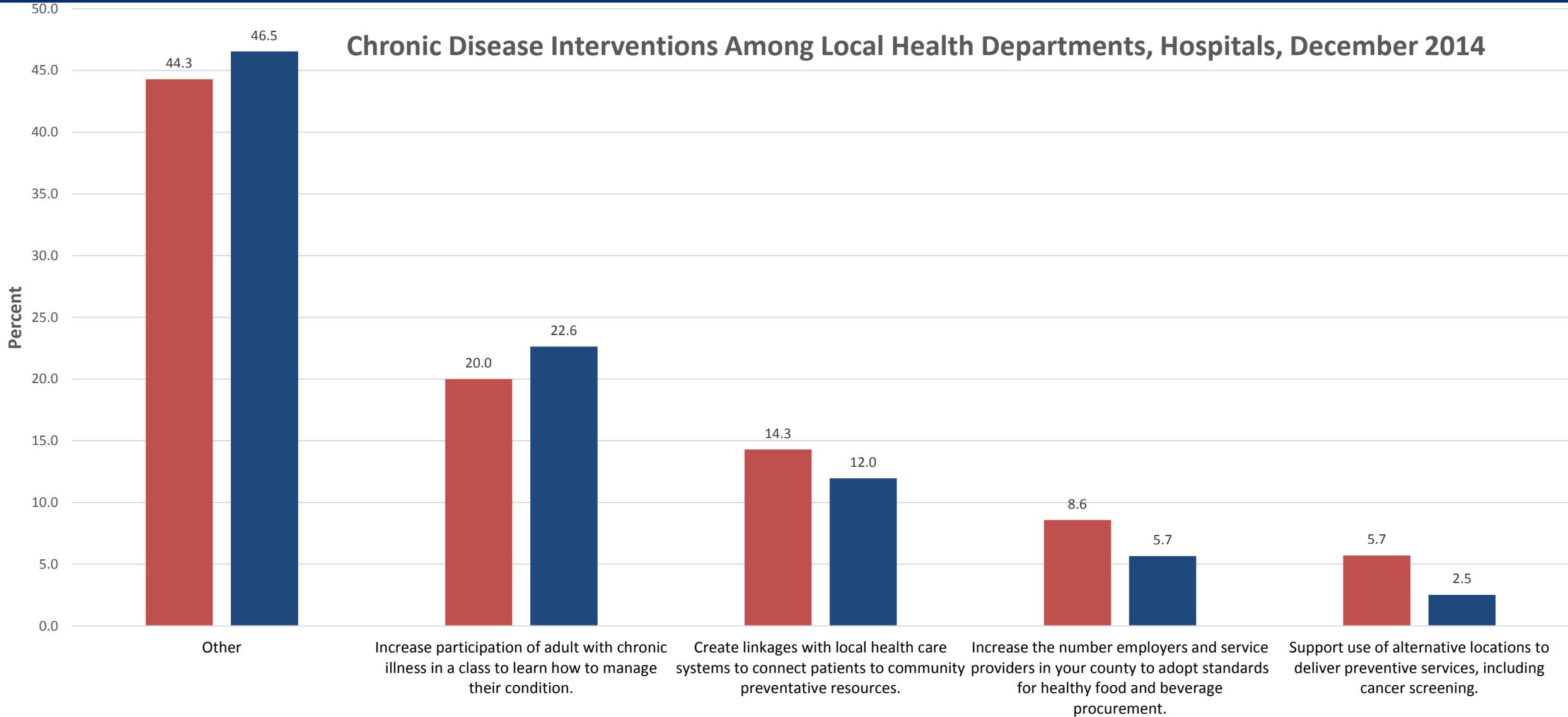
Percentage Of Local Health Departments, Hospitals Reporting On At least One Intervention* By Priority Area, December 2014



LHDs N=58 Hospitals N=123

■ LHD ■ Hospitals

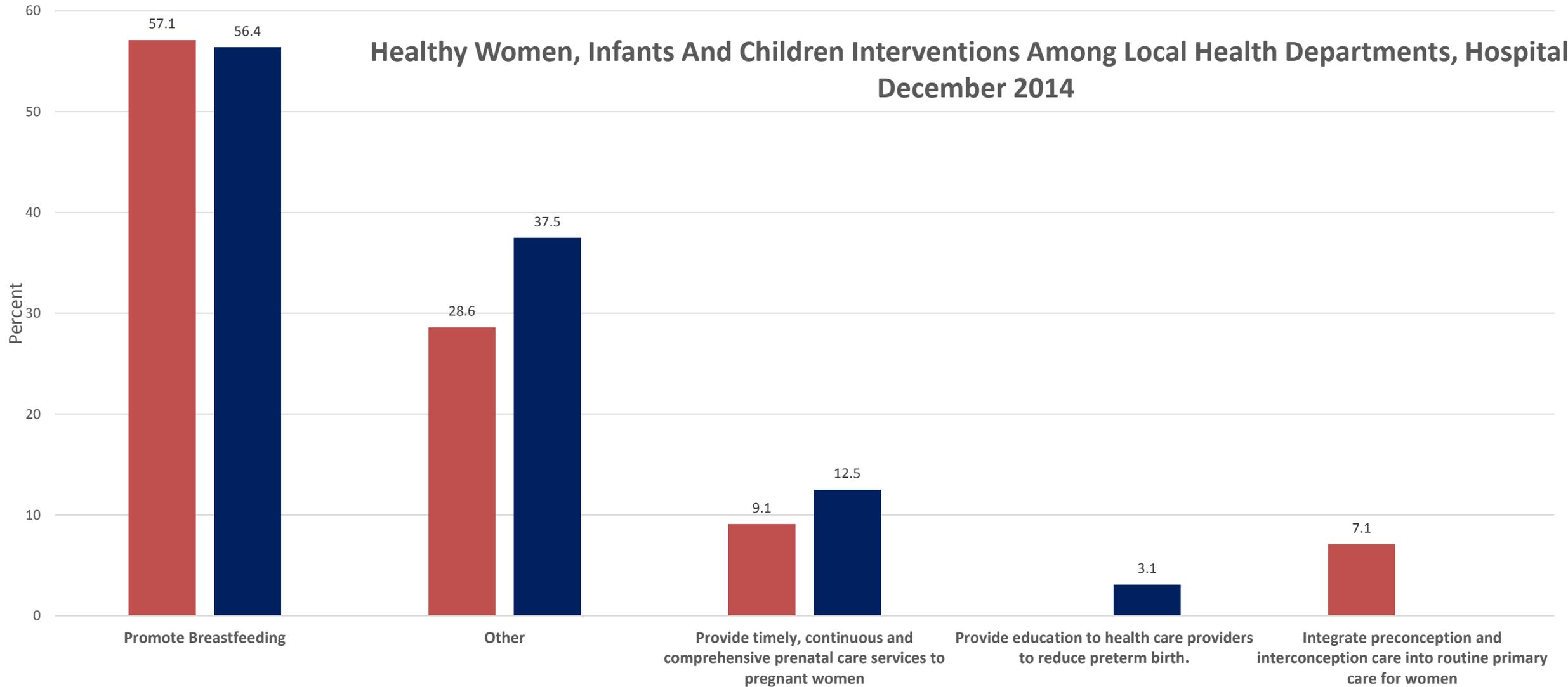
Chronic Disease Interventions Among Local Health Departments, Hospitals, December 2014



■ LHDs ■ Hospitals

LHDs N=70 Hospitals N=159

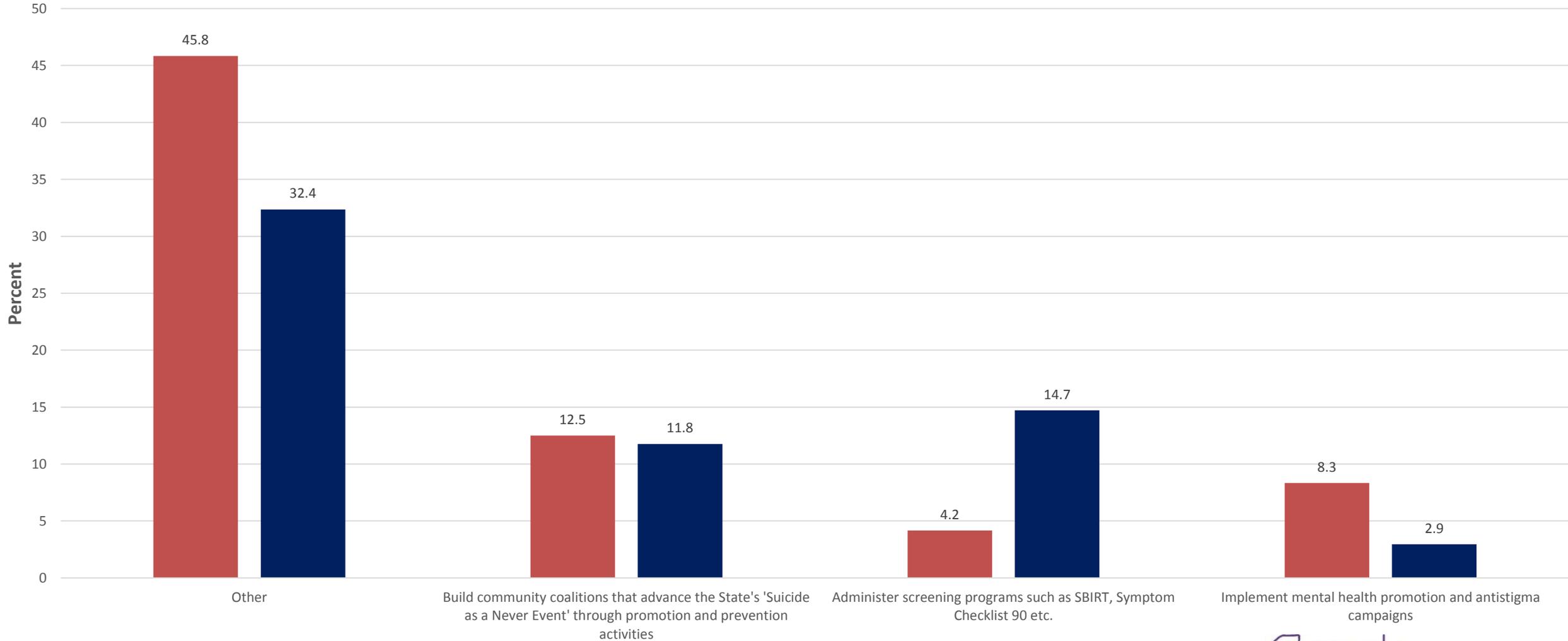
Healthy Women, Infants And Children Interventions Among Local Health Departments, Hospitals December 2014



LHDs N=12 Hospitals N=32

■ LHDs ■ Hospitals

Mental Health And Substance Abuse Interventions Among Local Health Departments, Hospitals, December 2014



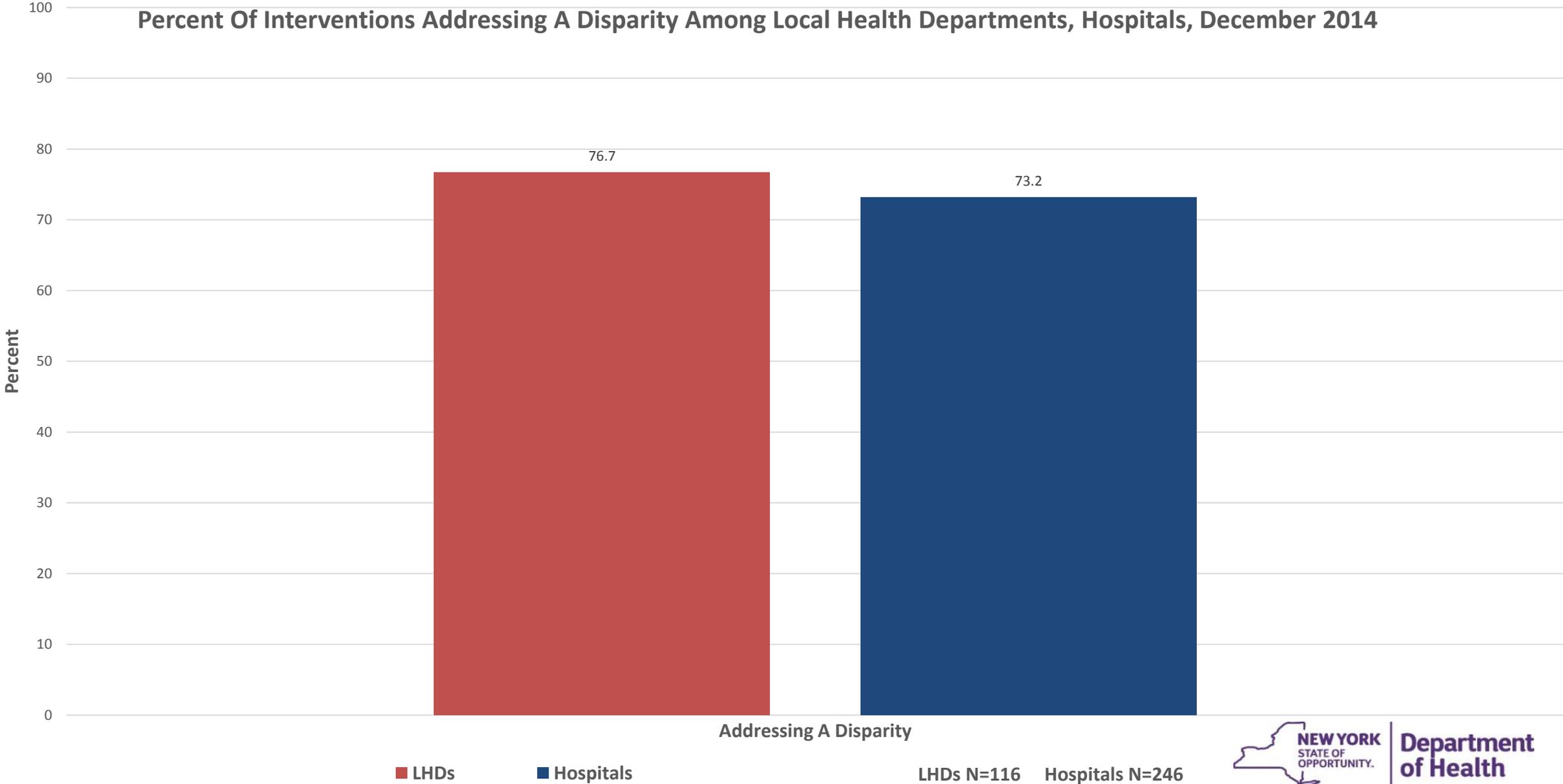
LHDs N=24 Hospitals N=34

Mental Health Interventions

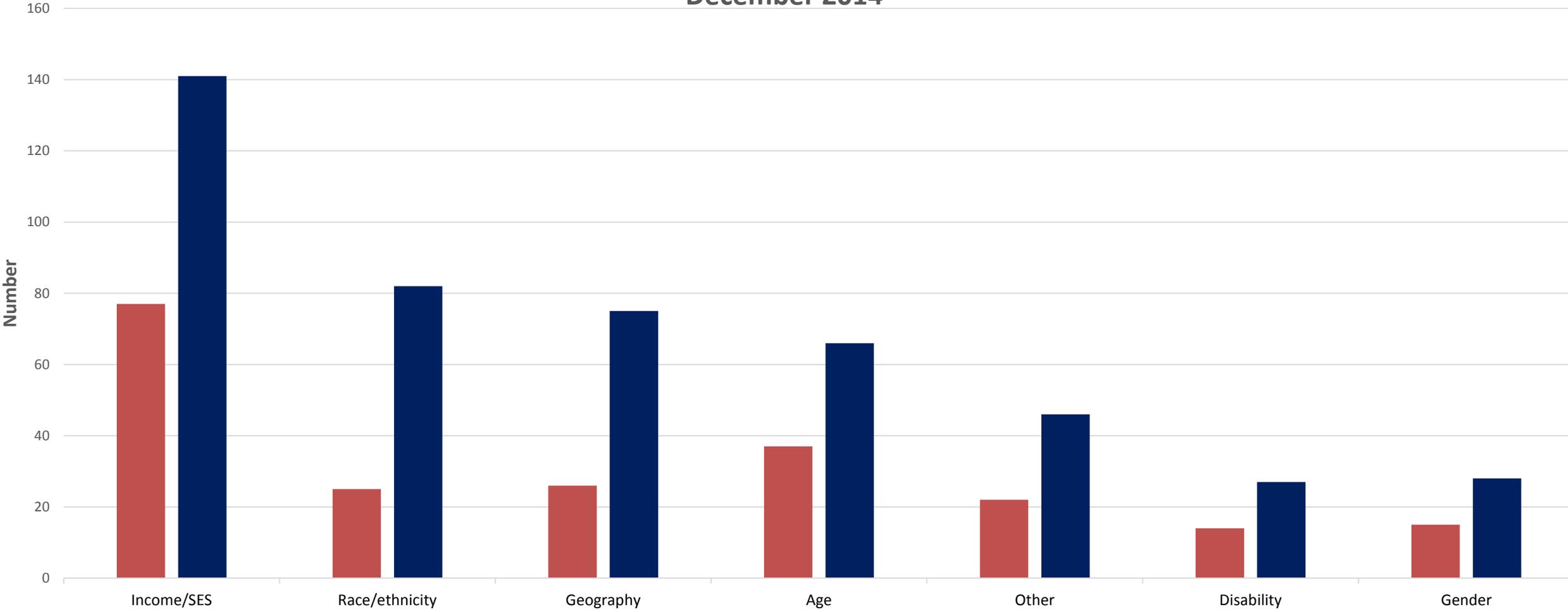
■ LHDs ■ Hospitals



Percent Of Interventions Addressing A Disparity Among Local Health Departments, Hospitals, December 2014



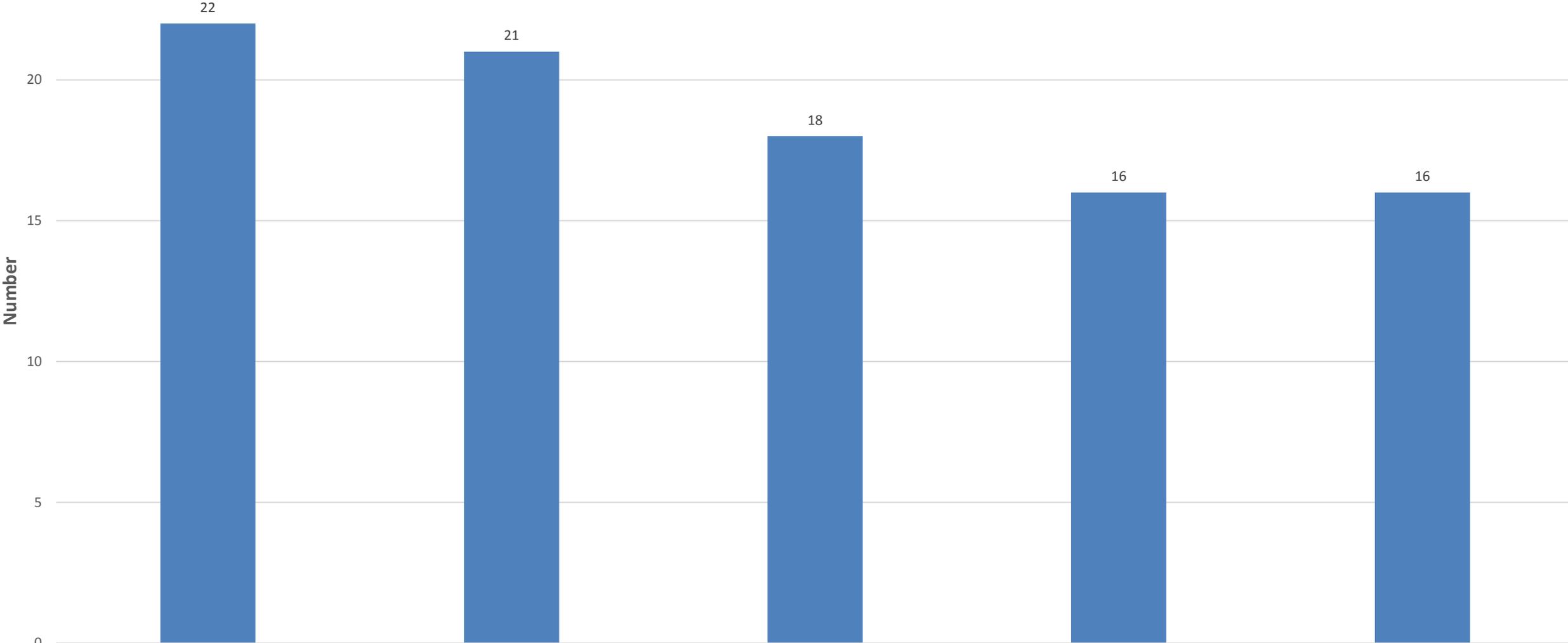
Number Of Interventions Addressing Each Type Of Disparity, By Local Health Departments, Hospitals, December 2014



Disparity Type Intervention Addresses

LHDs Hospitals

Top Partnerships Local Health Departments And Hospitals Require Help To Develop, December 2014



Health Insurance Plan

Faith-based organization

Schools (K-12)

Business

Media

Partnerships



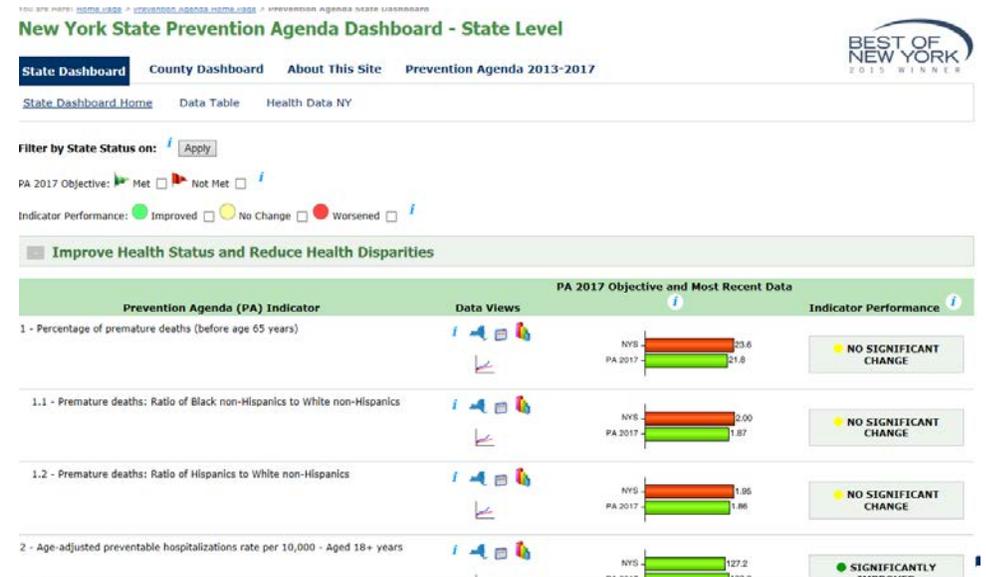
Department of Health

Progress on Prevention Agenda Objectives

[Prevention Agenda Dashboard](#) measures progress on 96 statewide five-year health outcome indicators, including reductions in health disparities.

As of April 2014:

- 16 of the objectives were met
- 22 indicators show progress (19 with significant improvement)
- 42 not met and staying the same
- 13 not met and going in wrong direction
- Of 29 objectives tracking health disparities, making progress on only 2



New York State Prevention Agenda Dashboard - State Level

State Dashboard

[County Dashboard](#)

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[Prevention Agenda 2013-2017](#)

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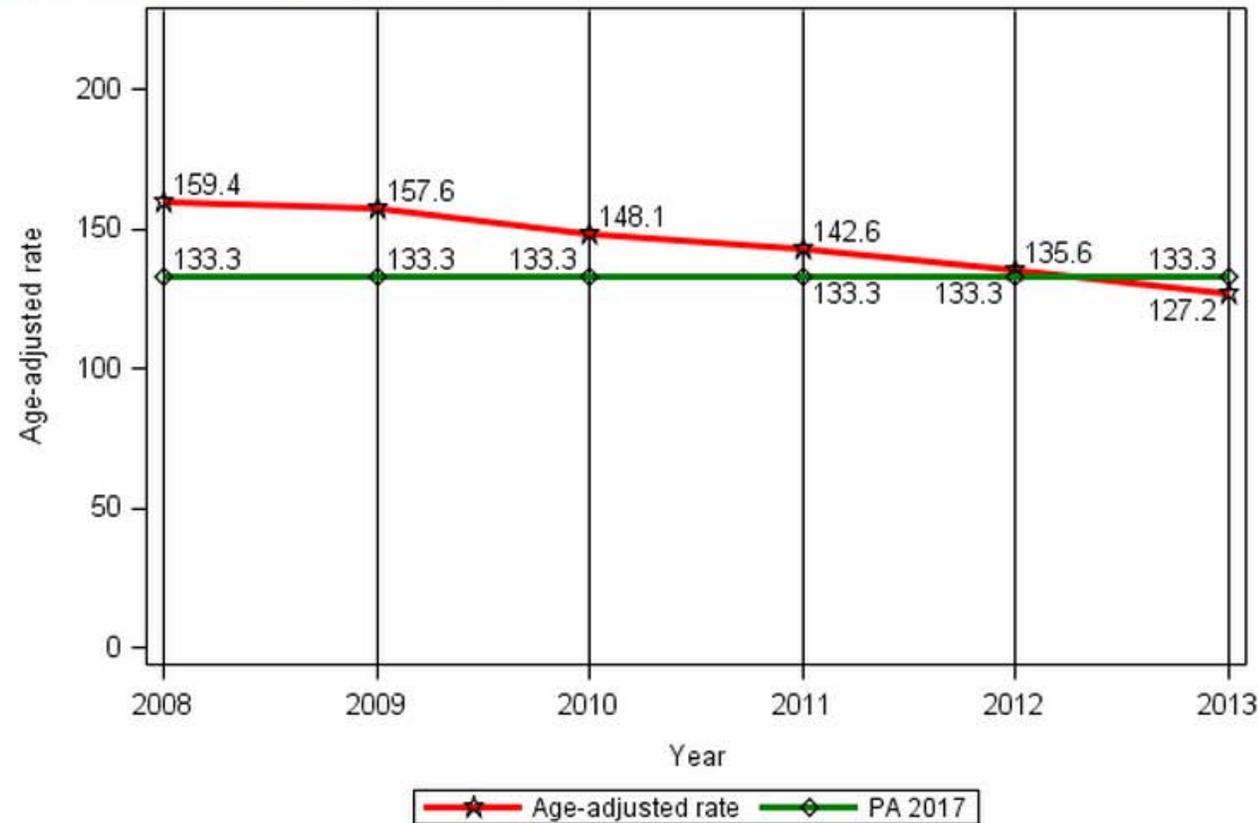
[Data Table](#)

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Select Indicator

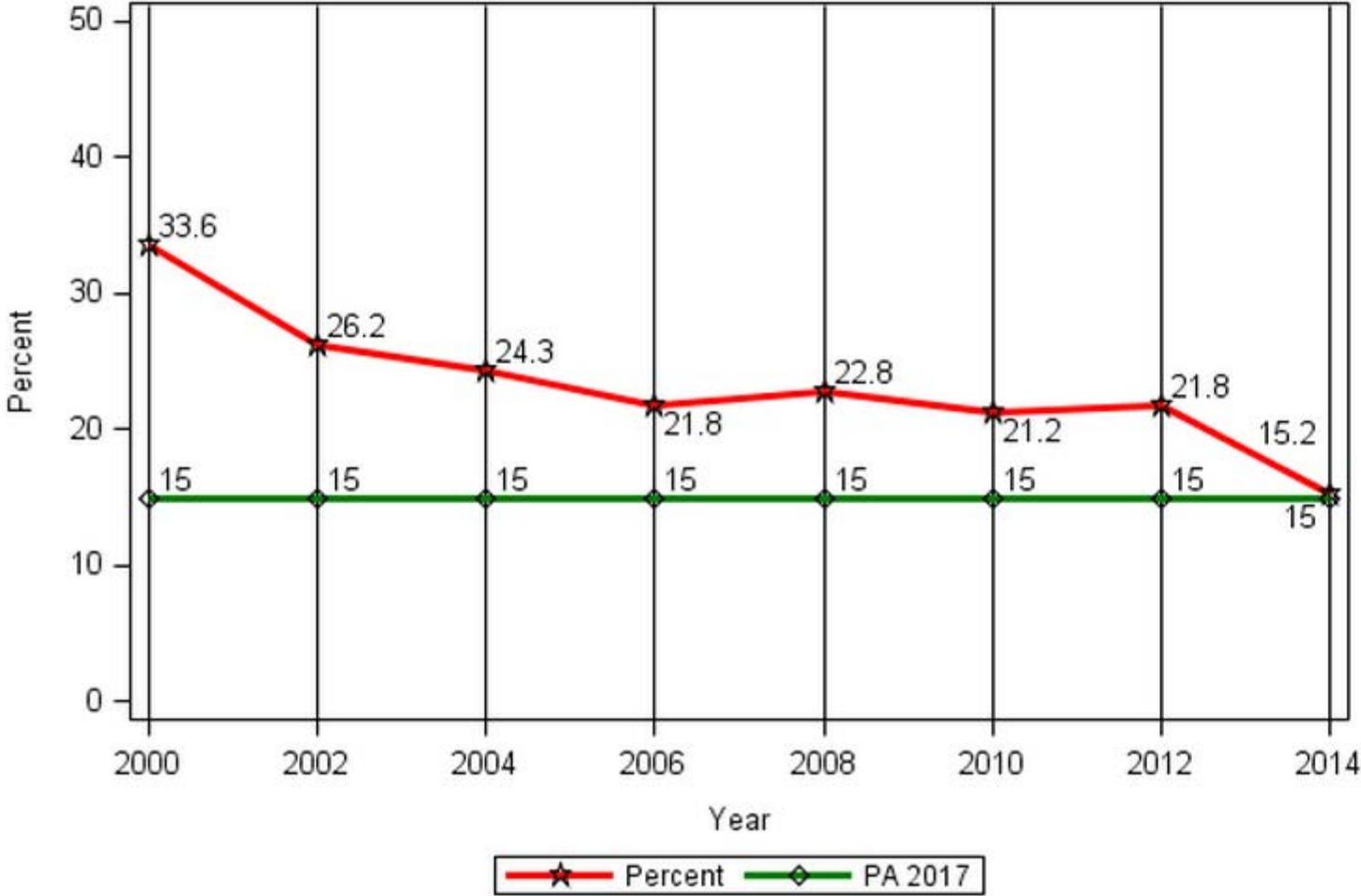
New York State - Age-adjusted preventable hospitalization rate per 10,000 - Aged 18+ years

Data Source: SPARCS data as of December 2014



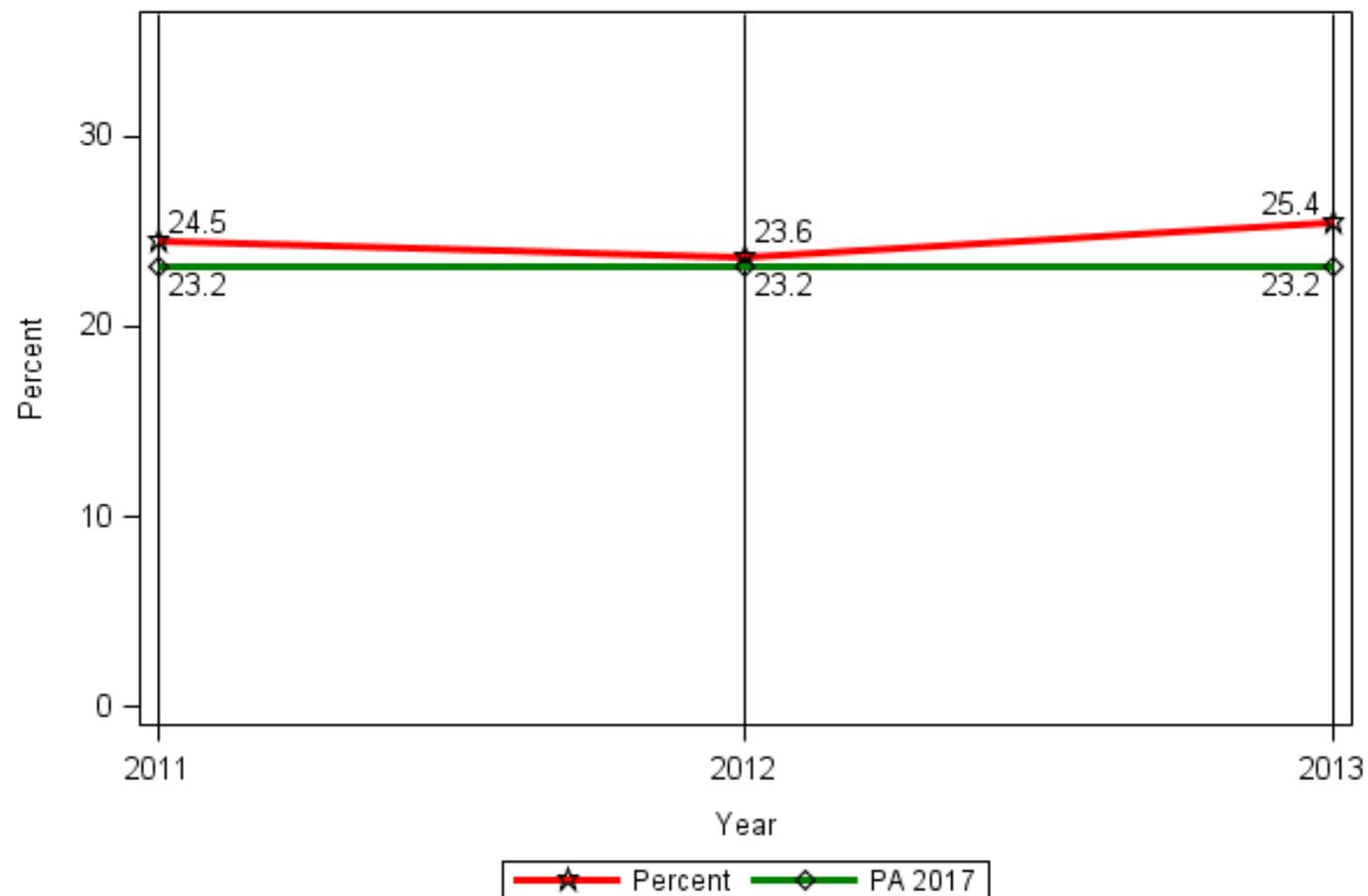
New York State - Prevalence of any tobacco use (cigarettes, cigars, smokeless tobacco) by high school age students

Data Source: NYS Youth Tobacco Survey data as of January 2015



New York State - Percentage of adults who are obese

Data Source: NYS Behavioral Risk Factor Surveillance System data as of January 2015



Next Steps

- Obtain Year 2 data on how LHDs and hospitals are doing in December, 2015
- Prepare for next cycle of local assessment and planning
- Focus attention on health disparities
- Be explicit about connections between Prevention Agenda and Health Care Reform

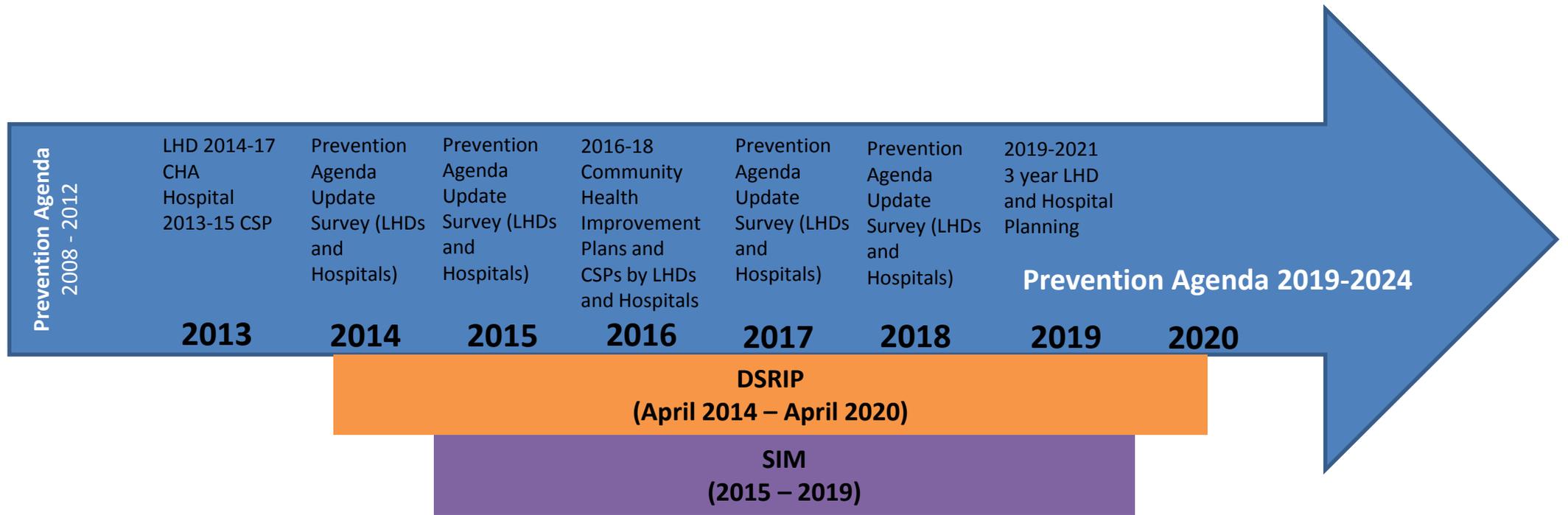
Next Cycle of Community Health Improvement Planning

- Deadline: December 2016
- Aligning LHD and Hospital requirements into one guidance
- Focuses attention on implementation of interventions and does not require a comprehensive health assessment since many hospitals recently completed CHNA for DSRIP
- Collaboration among partners in identification of priorities and disparity and in development of action plan required
- Recommendation: one plan with contributions from LHDs and hospitals, but separate plans allowed
- Role for PHIPs

CHA/CHP/CSP Template

- Executive Summary
- Brief description of new data on priorities
- Identification of 2 priorities and 1 disparity being addressed collaboratively
- Action plan with goals, objectives, EBIs, and process measures to track progress
- Process for community engagement

Prevention Agenda 2013-2017 Timeline (extend to 2018?)



Refreshed PA priority action plans

- Refocus our attention on interventions that are evidence based or most promising in making an impact
- Updated charts based on review of first year reports, national literature, and discussion w/ DOH subject matter experts.

Refreshed PA priority action plan

Priority: Prevent Chronic Disease

Focus Areas	Goals	Rec'd Interventions for Local Action	Rec'd Process Measures	Resources (web links)
Obesity				
Tobacco				
Preventive Care and Management				

Changes in Chart

- **Chronic Disease:** focus attention on fewer EBIs
- **HIV/STD/Vaccine Preventable, Health Care Acquired Infections:** include EBIs that support End of AIDs
- **Mental Health/Substance Abuse:** make focus areas and interventions more specific, include ACEs and EBIs to address trauma
- **Healthy and Safe Environment:** include more specific interventions related to climate change and asthma
- **Healthy Women, Infants and Children:** focus attention on preconception and inter-conception care for women

Discussion and Questions



**Department
of Health**

New York State Department of Health

**Office of Minority Health & Health Disparities
Prevention and the Minority Health Council:
Creating Information for Action and
Increasing Access to Care**

September 23, 2015

Office of Minority Health and Health Disparities Prevention

- Works across the Department's programs to advance policies and support programs and initiatives that promote high quality, accessible, patient-centered, and culturally and linguistically appropriate care for all New Yorkers.
- Partners with government systems, public and private agencies, and communities to identify and realize opportunities towards eliminating health disparities and achieving health equity.
- Works with The Minority Health Council (MHC) to develop policies to address the broader social and economic factors that lead to poor health.
- Identifies "Section §240 Minority Areas" (service areas with non-white populations of 40% or more), to facilitate targeting resources to those areas.



Minority Health Council

A 14 member body appointed by the Governor and approved by the Senate, working to:

- Raise awareness about the health of racial, ethnic and underserved populations;
- Increase the engagement of local grassroots communities in public health advocacy and research; and
- Increase the number of racial, ethnic and other underrepresented individuals that work in public health.

Creating Information for Action

Creating Information for Action: Health Equity Report 2015

- Mandated by New York State Public Health Law Title II F §242
- Aligned with the NYSDOH Prevention Agenda – the State Health Improvement Plan; the Affordable Care Act; and the HHS Action Plan to Eliminate Health Disparities.

Creating Information for Action: Health Equity Report 2015 – Progress to Date

- **Section 1. Background** – an overview of health equity including definitions of key terms and concepts. (Done)
- **Section 2. How Differences are Measured: Making Sense of and Using Data** (Done)
- **Section 3. Making Connections: the Causal Chain between Place and Health** (Done)
- **Section 4. The Picture of Health in New York** – a quantitative, geographically-based picture of health equity in New York State. (In progress)

Increasing Access to Care – 2015 Listening Sessions

Voice Your Vision Buffalo – Listening Session June 6, 2015



Source: GBUAHN Presentation to MHC - July 24, 2015

Voice Your Vision Buffalo: A Listening Session For and By the People!

Goals of Voice Your Vision Buffalo:

- To give Buffalo residents a platform to share their views on health and access to care without judgement or fear of retaliation.
- To provide healthcare professionals and political officials with an opportunity to listen to the concerns of Buffalo residents.

Voice Your Vision Buffalo: Morning Session

- Registration
- Continental Breakfast
- Call to Order – Chalma Warmley
- Welcome by Toni Vasquez, GBUAHN CFO
- Statement of Purpose by Dr. Raul Vasquez, GBUAHN CEO
- Remarks by Dr. Bert Stevenson, Principal of Bennett High School
- Buffalo Needs Assessment Overview by Dr. Henry Taylor of University at Buffalo Department of Public Health
- Community Member Panel Discussion moderated by Lou Santiago, GBUAHN VP of Executive Affairs

Voice Your Vision Buffalo: Breakout Sessions

Morning and Afternoon breakout sessions led by members of the community included:

- Controlling Health and Faith
- Mental Health
- Primary Language Barriers
- Over 50
- Action Planning & Goal Setting for Chronic Disease
- Housing
- Men's Health
- Women's Health
- LGBT Health
- Teen Health and Living Conditions

Voice Your Vision Buffalo: Afternoon Session

- The General Assembly included powerful recaps and testimonies from focus group representatives
- Closing remarks were given by Dr. Carla Boutin-Foster, NYS Minority Health Council Chair and Dr. John Ruffin, Founding Director of the National Institute of Minority Health Disparities

187 total registrants and 12 vendors were in attendance at Voice Your Vision Buffalo

“What the People Said” (Key Takeaways)

- Neighborhoods should be used as a platform for promoting wellness and delivery of health care services.
- The culture of physicians and their offices must change.
- Approaches to health education and the promotion of wellness must be changed.
- Unique strategies must be formulated to deal with the unique health challenges of different social groups in the community.

On-site Health Initiatives

The following were made available to all participants:

- Gospel Aerobics and Pilates classes were held in the gymnasium;
- Community vendors displayed health information in the foyer; and
- A Wegmans boxed lunch was served to all attendees.

Next Steps

- Voice Your Vision Rochester - Saturday, October 3, 2015
- Voice Your Vision Capital District - TBD
- Policy Recommendations Report compiled and submitted to NYSDOH Commissioner
- Release NYS Health Equity Report

Prevention Agenda and DSRIP

Douglas Fish, MD

Medical Director

Office of Health Insurance Programs

Division of Program Development and Management

September 24, 2015

New York State Health Initiatives

PREVENTION AGENDA

Priority Areas:

- Prevent chronic diseases
- Promote a healthy and safe environment
- Promote healthy women, infants, and children
- Promote mental health and prevent substance abuse
- Prevent HIV, sexually transmitted diseases, vaccine-preventable diseases, and healthcare-associated infections

STATE HEALTH INNOVATION PLAN (SHIP)

Pillars and Enablers:

- Improve access to care for all New Yorkers
- Integrate care to address patient needs seamlessly
- Make the cost and quality of care transparent
- Pay for healthcare value, not volume
- Promote population health
- Develop workforce strategy
- Maximize health information technology
- Performance measurement & evaluation

ALIGNMENT:

Improve Population Health
Transform Health Care Delivery
Eliminate Health Disparities

MEDICAID DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM

Key Themes:

- Integrate delivery – create Performing Provider Systems
- Performance-based payments
- Statewide performance matters
- Regulatory relief and capital funding
- Long-term transformation & health system sustainability

POPULATION HEALTH IMPROVEMENT PROGRAM (PHIP)

PHIP Regional Contractors:

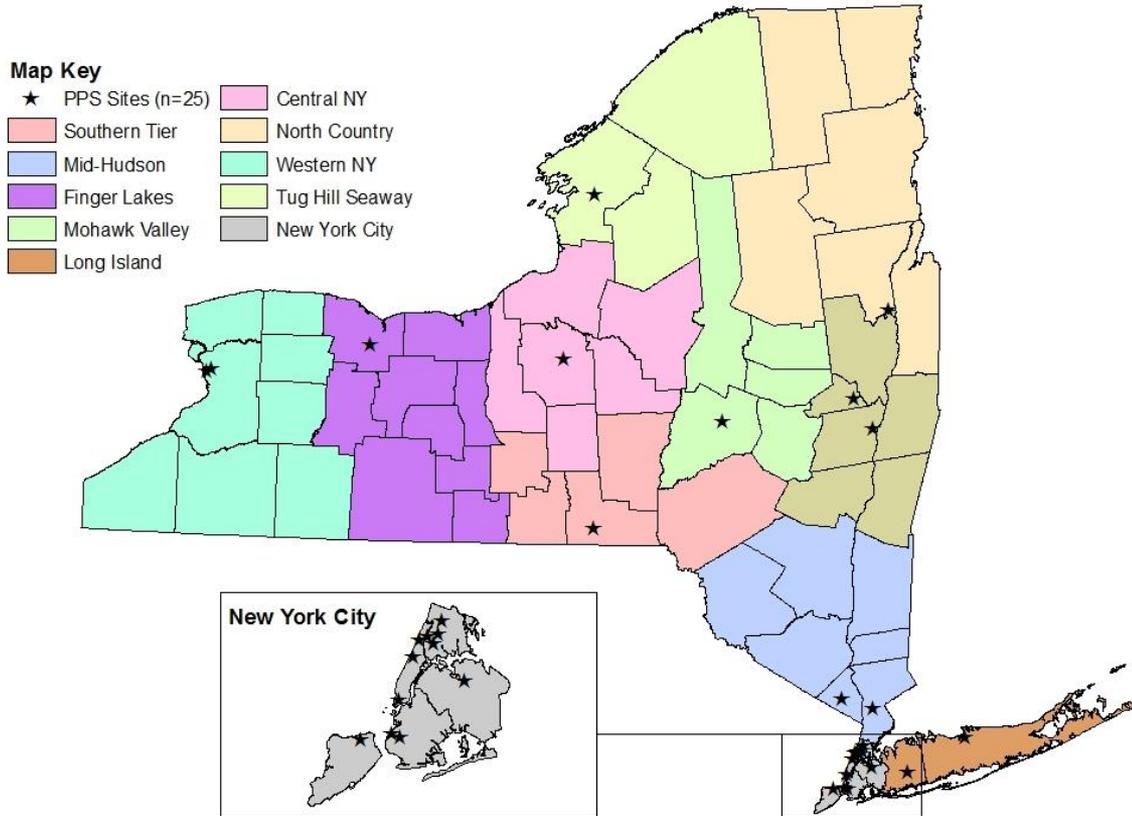
- Identify, share, disseminate, and help implement best practices and strategies to promote population health
- Support and advance the Prevention Agenda
- Support and advance the SHIP
- Serve as resources to DSRIP Performing Provider Systems



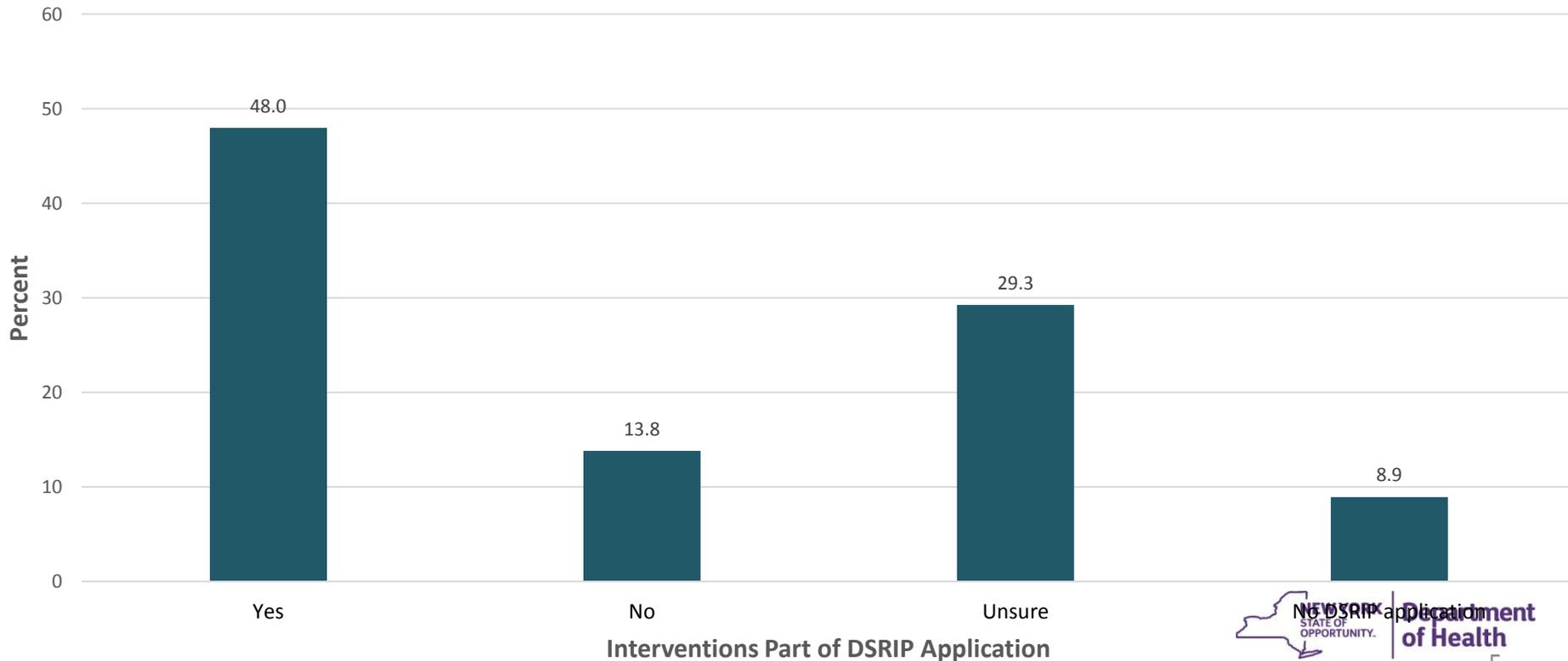
New Opportunities with NY Health Care Reform

- Local Health Departments (LHDs): lead community health assessment process and lead/participate in community health improvement planning with hospitals locally and with PPSs regionally
- Hospitals: work with LHDs and community partners to conduct assessments and health improvement plans, and connect work where possible with DSRIP projects

DSRIP Performing Provider Systems Lead Sites by Region, NYS



Hospitals Reporting Interventions Part Of DSRIP Application, December 2014 (N=123 Hospitals/Groups)



Connecting Prevention Agenda (PA) and DSRIP

- Issued Guidance to PPSs for Domain 4 that reflects PA and population health evidence-based interventions
- Reviewed Applications and Implementation Plans from PPSs to assess conformity with PA and provided suggestions for improvement
- Encourage participation of LHDs in PPS networks
- 47 tracking indicators from the PA dashboard are used for tracking population health improvement in DSRIP Domain 4 at PPS, county and state levels



**Department
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Domain 3: Clinical Improvement Projects



September 23, 2015

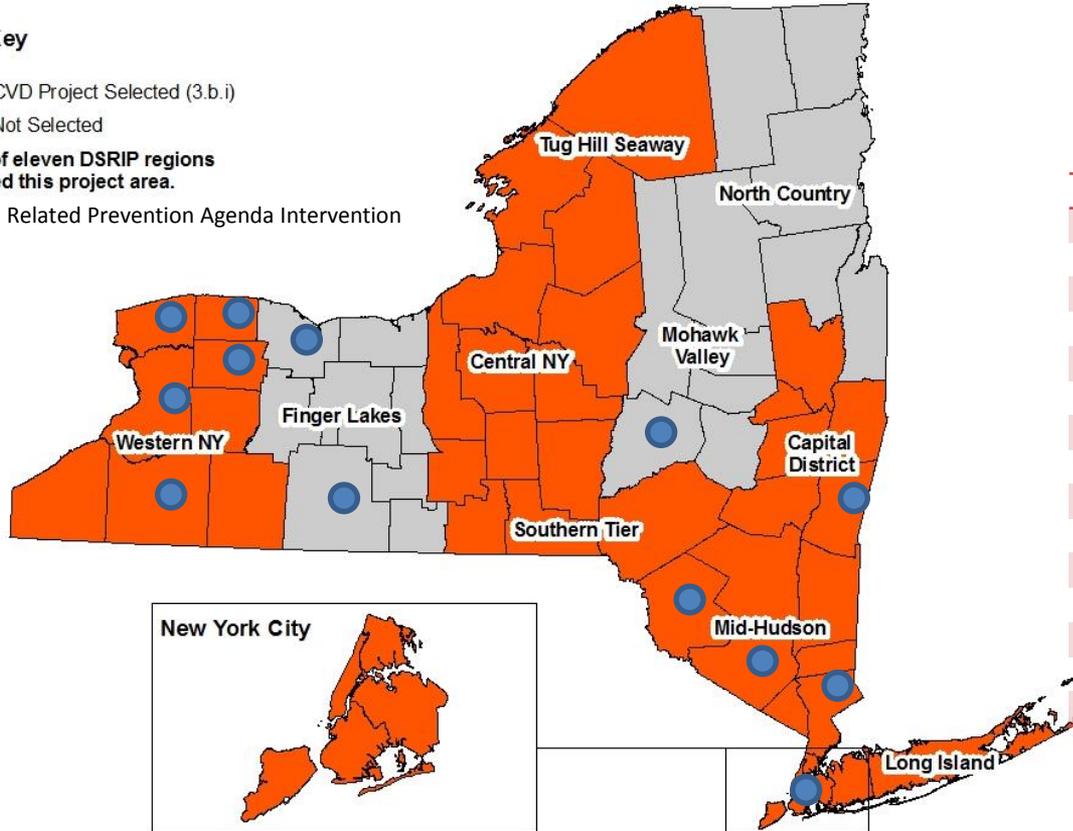
Project 3.b.i: Cardiovascular Health

Map Key

- CVD Project Selected (3.b.i)
- Not Selected

Eight of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention



Region	PPS
New York City	Advocate Community Partners (AW)
Capital District	Albany Medical Center Hospital
Western NY	Catholic Medical Partners
Central NY	Central NY PPS
New York City	HHC Facilities
New York City	Maimonides Medical Center
Western NY	Millennium Collaborative Care (ECMC)
Mid-Hudson	Montefiore Medical Center
New York City	Mount Sinai Hospital Group
Long Island	Nassau County PPS
New York City	NY Hospital Center of Queens
Tug Hill Seaway	Samaritan Medical Center
New York City	St. Barnabas Hospital
Long Island	Stony Brook University Hospital
Southern Tier	United Health Services Hospitals

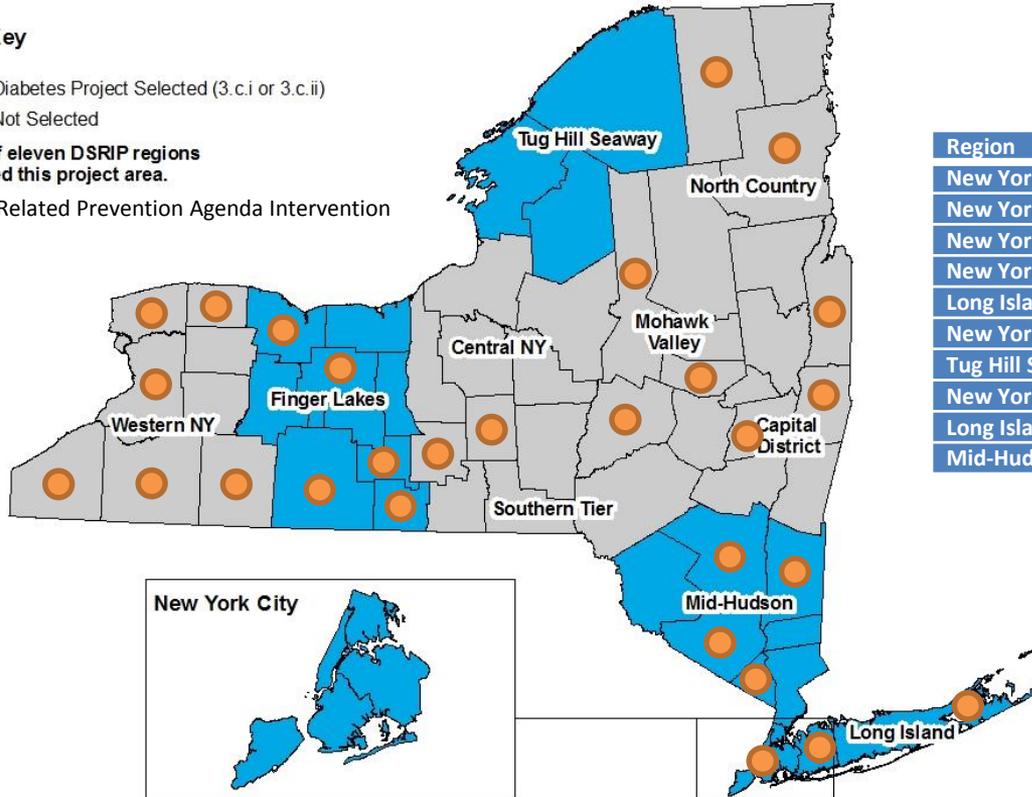
Project 3.c.i & Project 3.c.ii: Diabetes

Map Key

- Diabetes Project Selected (3.c.i or 3.c.ii)
- Not Selected

Four of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention



Region	PPS
New York City	Advocate Community Partners (AW)
New York City	Bronx-Lebanon Hospital Center
New York City	Lutheran Medical Center
New York City	Mount Sinai Hospital Group
Long Island	Nassau County PPS
New York City	Richmond Univ. Med Ctr & Staten Island Univ. Hospital
Tug Hill Seaway	Samaritan Medical Center (both 3.c.i + 3.c.ii)
New York City	St. Barnabas Hospital
Long Island	Stony Brook University Hospital
Mid-Hudson	Westchester Medical Center

Project 3.d.ii & Project 3.d.iii: Asthma

Map Key

- Asthma Project Selected (3.d.ii or 3.d.iii)
- Not Selected

Five of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention



Region	PPS
New York City	Advocate Community Partners (AW)
Capital District	Albany Medical Center Hospital
New York City	Bronx-Lebanon Hospital Center
Capital District	Ellis Hospital
New York City	HHC Facilities
New York City	Lutheran Medical Center
New York City	Maimonides Medical Center
Mohawk Valley	Mohawk Valley (Bassett)
Mid-Hudson	Montefiore Medical Center
New York City	St. Barnabas Hospital
Long Island	Stony Brook University Hospital
New York City	The NY Hospital of Queens
Mid-Hudson	Westchester Medical Center

Example: Asthma Collaboration in Schenectady

- iHANY (Ellis & St. Peter's PPS) project plan
 - Asthma self-management program: home environmental trigger reduction, self-monitoring, medication use, patient follow-up.
- Ellis Hospital and Schenectady County Health Department collaborative Community Service Plan/Community Health Improvement Plan
 - Care coordination, home visits/assessments, and asthma education for patients
 - Implement smoke-free policies at two mental health offices
 - Improve prescribing concordance with NIH guidelines
 - Complement the Better Neighborhood Program that works toward improving the neighborhood (e.g. tobacco, lead poisoning, asthma)
- Participating Community Partners
 - Asthma Coalition of the Capital Region
 - Schenectady Asthma Support Collaborative (intensive case management in high needs areas)
 - Schenectady School-Based Asthma Management Program
 - Capital District Tobacco-Free Coalition (set up tobacco-free housing in three municipal housing developments, and continuing work to increase smoke-free housing in all neighborhoods in the County)

Project 3.d.iii: HIV/AIDS

Map Key

- HIV/AIDS Project Selected (3.e.i)
- Not Selected

One of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention



Region	PPS
New York City	The NY and Presbyterian Hospital)

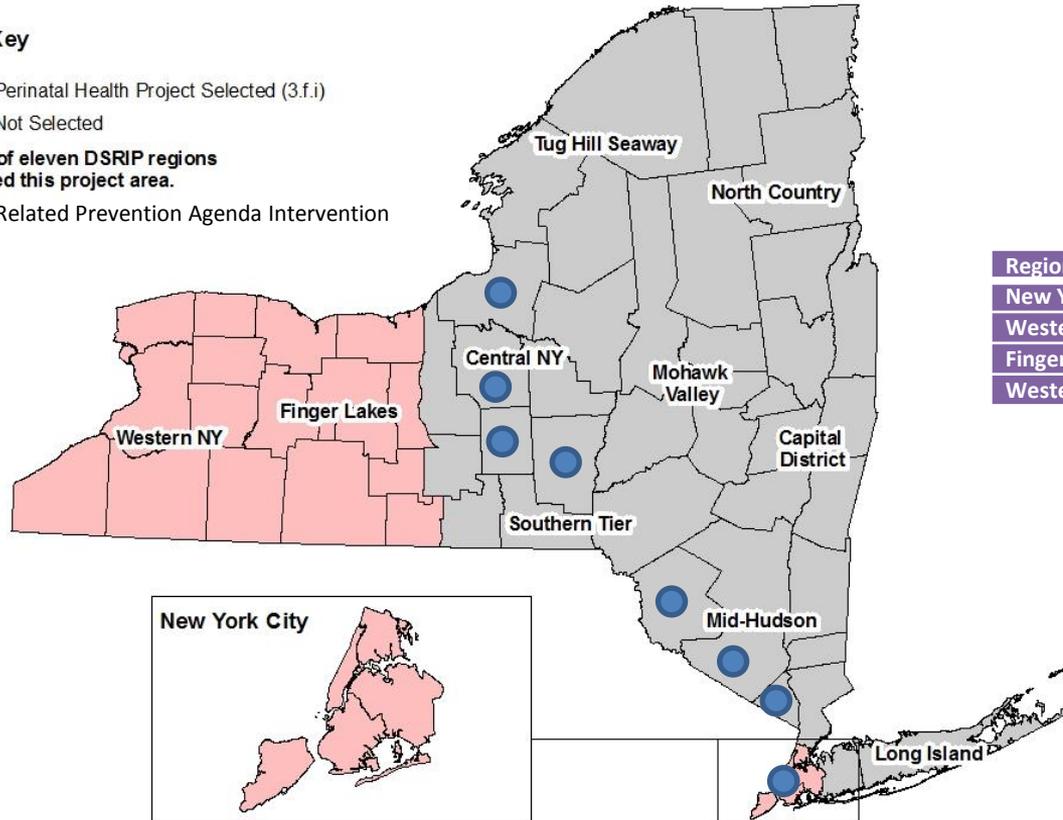
Project 3.f.i: Perinatal Health

Map Key

- Perinatal Health Project Selected (3.f.i)
- Not Selected

Three of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention

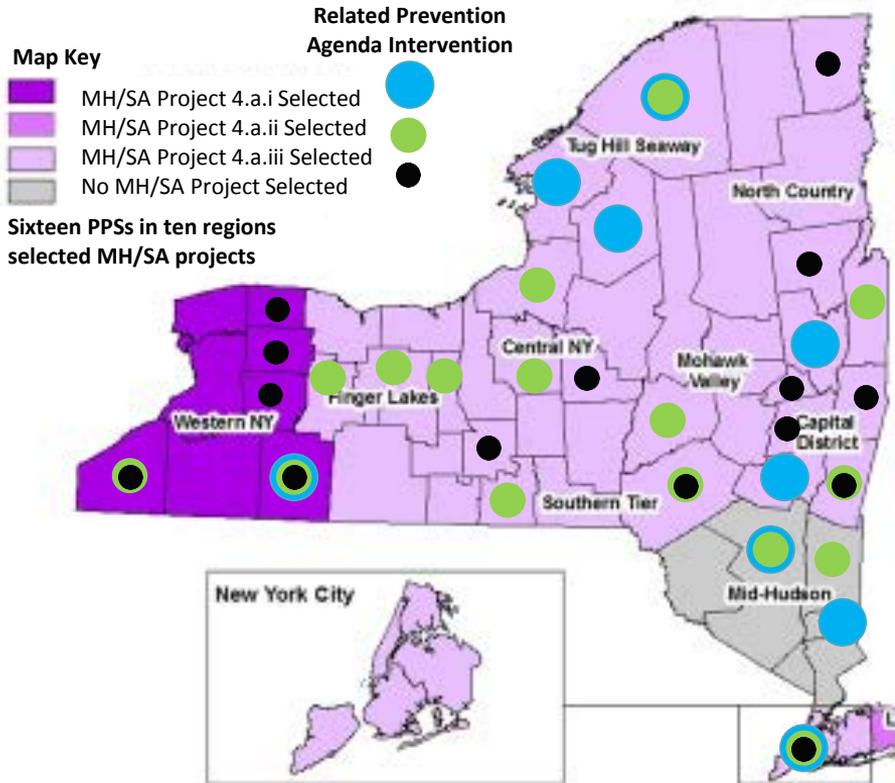


Region	PPS
New York City	Bronx-Lebanon Hospital Center
Western NY	Catholic Medical Partners
Finger Lakes	Finger Lakes PPS
Western NY	Millennium Collaborative Care (ECMC)

Domain 4: Population-wide Projects (Prevention Agenda)



Projects 4.a.i,ii,iii: Mental Health and Substance Abuse



4.a.i - Promote mental, emotional and behavioral well-being in communities	
Region	PPS
Western NY	Catholic Medical Partners Millennium Collaborative Care (ECMC)
4.a.ii - Prevent substance abuse and other mental, emotional and behavioral disorders	
Long Island	Stony Brook University Hospital
4.a.iii - Strengthen mental health and substance abuse infrastructure across systems	
Capital District	Ellis Hospital
Central NY	Central NY PPS
Finger Lakes	Finger Lakes PPS
Mohawk Valley	Mohawk Valley (Bassett)
New York City	Richmond Univ. Med Ctr & Staten Island Univ. Hospital HHC Facilities Bronx-Lebanon Hospital Center Maimonides Medical Center St. Barnabas Hospital
Tug Hill Seaway	Samaritan Medical Center
Long Island	Nassau County PPS
Southern Tier	United Health Services Hospitals
North Country	Adirondack Health Institute

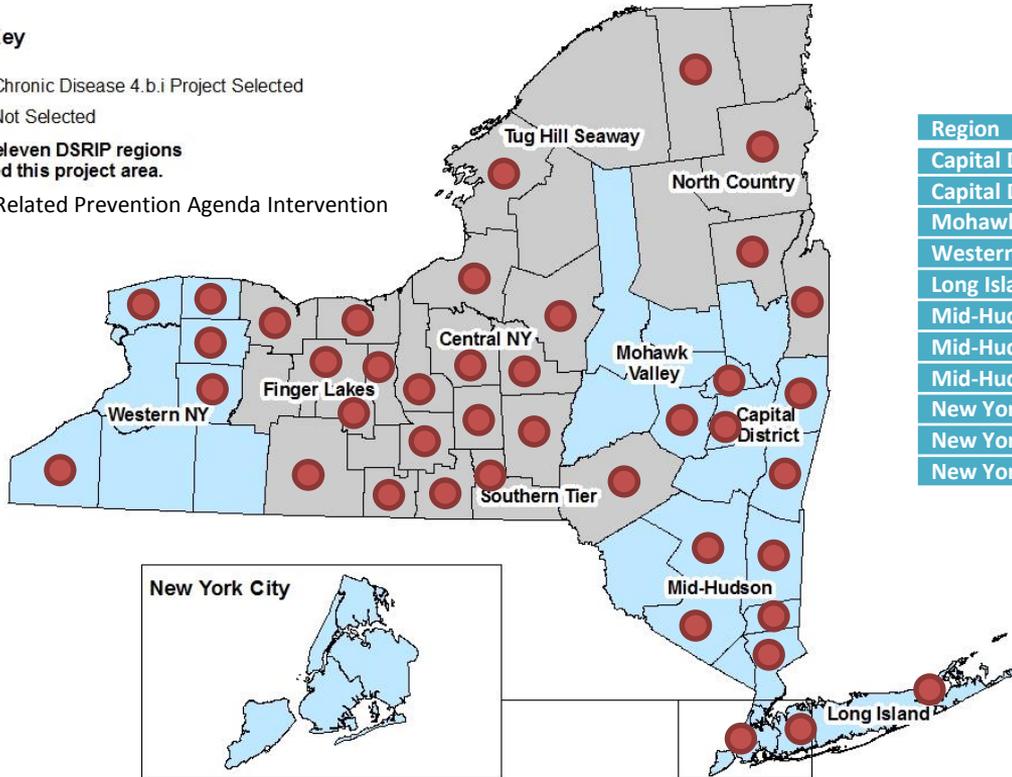
Project 4.b.i: Tobacco Cessation

Map Key

- Chronic Disease 4.b.i Project Selected
- Not Selected

Six of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention



Region	PPS
Capital District	Albany Medical Center Hospital
Capital District	Ellis Hospital
Mohawk Valley	Mohawk Valley (Bassett)
Western NY	Catholic Medical Partners
Long Island	Nassau County PPS
Mid-Hudson	Refuah Health Center
Mid-Hudson	Montefiore Medical Center
Mid-Hudson	Westchester Medical Center
New York City	Lutheran Medical Center
New York City	Advocate Community Partners (AW)
New York City	The NY and Presbyterian Hospital

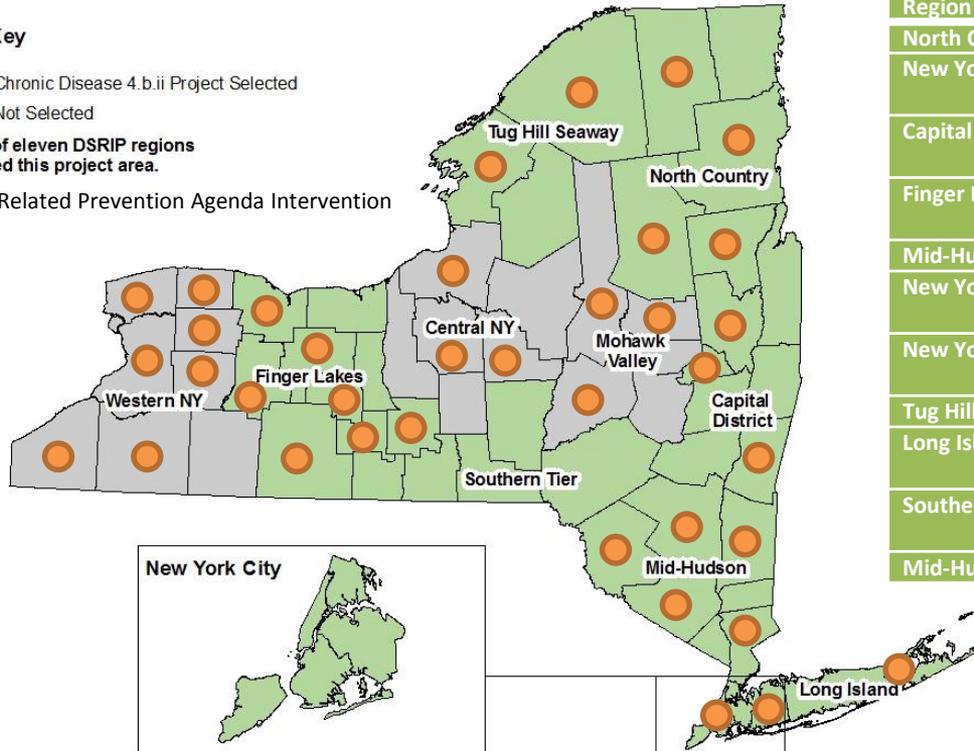
Project 4.b.ii: Preventive Care Management

Map Key

- Chronic Disease 4.b.ii Project Selected
- Not Selected

Eight of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention



Region	PPS	Focus of 4.b.ii
North Country	Adirondack Health Institute	COPD
New York City	Advocate Community Partners (AW)	Cancer and hepatitis screening; HPV vaccines
Capital District	Albany Medical Center Hospital	Cancer screening
Finger Lakes	Finger Lakes PPS	Obesity and Tobacco in high risk populations, especially low SES
Mid-Hudson	Montefiore Medical Center	Cancer screening and prevention
New York City	Mt. Sinai Hospital Group	Cancer, Hep C, Chlamydia screening; increase well child visits
New York City	Richmond Univ. Med Ctr & Staten Island Univ. Hospital	Cancer, COPD and hypertension
Tug Hill Seaway	Samaritan Medical Center	COPD and Cancer
Long Island	Stony Brook University Hospital	Cancer screening; tobacco cessation; obesity
Southern Tier	United Health Services Hospitals	COPD
Mid-Hudson	Westchester Medical Center	Cancer screening

Project 4.c.i & 4.c.ii: HIV and STDs

Map Key

- HIV/STD Project Selected (4.c.i or 4.c.ii)
- Not Selected

One of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention



Region	PPS
New York City	Bronx-Lebanon Medical Center
New York City	HHC Facilities
New York City	Lutheran Medical Center
New York City	Maimonides Medical Center
New York City	Mount Sinai Hospitals Group
New York City	St. Barnabas Hospital
New York City	The NY and Presbyterian Hospital
New York City	The NY Hospital of Queens

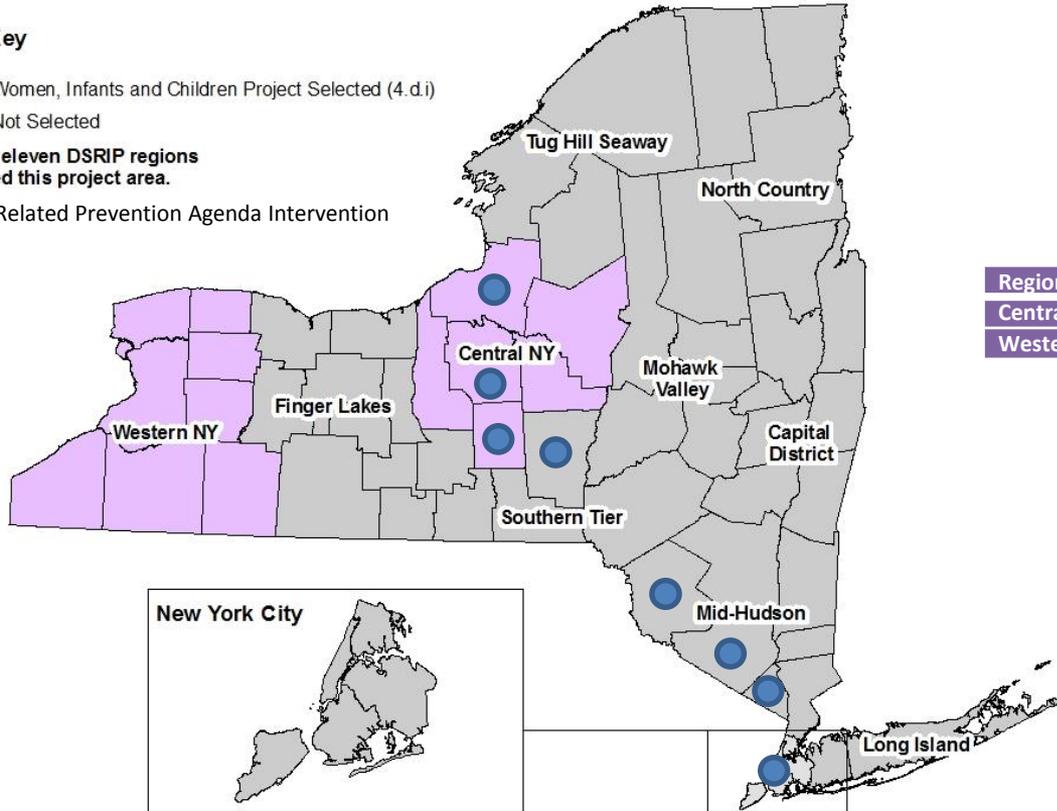
Project 4.d.i: Reduce Premature Births

Map Key

- Women, Infants and Children Project Selected (4.d.i)
- Not Selected

Two of eleven DSRIP regions selected this project area.

- Related Prevention Agenda Intervention



Region	PPS
Central NY	Central NY PPS
Western NY	Millennium Collaborative Care (ECMC)

Summary

- Significant alignment between the Prevention Agenda and DSRIP projects
- PPSs embracing Domain 3 and 4 projects and concept of population health
- Ongoing commitment to collaborate and focus on many of the priorities of the Prevention Agenda with DSRIP

Question for Discussion

- What opportunities are there to strengthen linkages between partners and between initiatives to maximize impact?